



6. List your employment and type of business for the previous **5 years**. List most recent first. (Attach an additional sheet if required). Account for all time. **Do not leave any gaps**. If unemployed or a student during a period of time, please indicate.

From (MO/YR)	To (MO/YR)	Name of Business or Employer's Name and Complete address and Phone #	Position (Title)

7. May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No. If no, please give explanation.

<i>Explanation:</i>

8. Are you a high school graduate or possess a general equivalency diploma or similar document or certificate? \_\_\_\_ Yes \_\_\_\_ No

Year Completed	Name of School/ Agency	Complete address of School / Agency

9. Have you voluntarily surrendered any license to administer Massage Therapy as a result of, or while under, investigation for any reason? \_\_\_\_ Yes \_\_\_\_ No If yes, provide specific information below.

<i>Date License Surrendered</i>	<i>Jurisdiction where license was surrendered</i>	<i>Reason license was surrendered</i>	<i>License #</i>	<i>License Period</i>

10. Have you had a license to administer Massage Therapy, or a similar license denied or revoked in the State of AZ or any other United States jurisdiction? \_\_\_\_ Yes \_\_\_\_ No If yes, provide specific information below.

<i>Date Denied or Revoked</i>	<i>Jurisdiction where denial or revocation occurred</i>	<i>Grounds for Denial or Revocation</i>

11. Have you or any entity in which you have held ownership, been an officer, member, director, manager or controlling person ever had a business or professional application or license rejected, denied, revoked, suspended or fined in this or any other state? \_\_\_\_ Yes \_\_\_\_ No If yes, provide specific information below.

<i>Date Rejected, Fined, Denied, Revoked or Suspended</i>	<i>Jurisdiction where license was rejected, fined, denied, revoked or suspended</i>	<i>Grounds for Rejection, Fines, Denial, Revocation or Suspension</i>

12. Are you now or have you ever operated or held ownership, been an officer, member, director or manager or a controlling person of a Massage Facility licensed in this or any other state? ☐ Yes ☐ No If yes, provide specific information below.

<i>Date of License</i>	<i>License #</i>	<i>Jurisdiction where license was held</i>

13. Are you delinquent in payment to the City of Scottsdale of any taxes, fees, fines, or penalties imposed or owing out of any business activity owned or operated by you or the Massage Facility? ☐ Yes ☐ No If yes, provide specific information below.

<i>Type of Delinquency</i>	<i>License # or Account #</i>	<i>Amount of Delinquency</i>

14. Have you been convicted of a felony; or a misdemeanor involving fraud, theft, dishonesty, assaultive conduct, moral turpitude, within 5 years preceding the date of this application? ☐ Yes ☐ No

<i>Date of Offense</i>	<i>Date of Conviction</i>	<i>Offense</i>	<i>Where Offense Occurred</i>	<i>Court(s) Entered Into</i>

15. Have you ever been detained, cited, arrested, indicted or summoned into court for a violation of any law or ordinance (regardless of the disposition even if dismissed)? For traffic violation include only those that were alcohol and/or drug related. ☐ Yes ☐ No

<i>Date of Offense</i>	<i>Date of Conviction</i>	<i>Offense</i>	<i>Where Offense Occurred</i>	<i>Court(s) Entered Into</i>

16. Have you ever been convicted, fined, posted bond, been ordered to deposit bond, imprisoned, had sentence suspended, placed on probation or parole for violation of any law or ordinance (regardless of the disposition even if dismissed or expunged)? ☐ Yes ☐ No

<i>Date of Offense</i>	<i>Date of Conviction</i>	<i>Offense</i>	<i>Where Offense Occurred</i>	<i>Courts(s) Entered Into</i>

17. Are there any administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you or any entity in which you are now involved? ☐ Yes ☐ No

<i>Date of Offense</i>	<i>Date of Conviction</i>	<i>Offense</i>	<i>Where Offense Occurred</i>	<i>Courts(s) Entered Into</i>

18. Has anyone ever filed suit or obtained a judgment against you in a civil action, the subject of which involved fraud or misrepresentation of a business, professional or Massage Facility license? ☐ Yes ☐ No

<i>Date of Offense</i>	<i>Date of Conviction</i>	<i>Offense</i>	<i>Where Offense Occurred</i>	<i>Court(s) Entered Into</i>

19. Are you a registered Sex Offender or required by law to register as a Sex Offender? ☐ Yes ☐ No

<i>Date Registered</i>	<i>Offense</i>	<i>Where Registered</i>	<i>Courts(s) Entered Into</i>

Additional requirements:

1. Provide a copy of the Certificate of National Certification indicating that you have passed the National Examination and attained and maintained your National Certification by a national board or other organization approved by the Director.
2. Provide a copy of a government issued photo identification (a valid Drivers License or Passport) as proof of age.
3. Provide proof of U. S. Citizenship or lawful residency of the United States authorized to work in the United States (Social Security Card or documentation from the United States Department of Justice, Immigration and Naturalization Service.)
4. Personally appear at one of the City of Scottsdale Tax & License office locations to be fingerprinted and photographed.

An additional license and fees may be necessary for a Business, Occupational and Professional license or a Transaction Privilege Sales Tax license

**I hereby certify that all answers to questions on this questionnaire are true and complete, and I agree and understand that any falsification of material facts may cause forfeiture on my part of all rights to, and consideration to be licensed in the City of Scottsdale, County of Maricopa, State of Arizona.**

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Print Name

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Signature

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Date

**Name of Therapist:** \_\_\_\_\_ **Therapist License No.** \_\_\_\_\_

**Therapist Address:** \_\_\_\_\_

[illegible]